

SHRI SANAT MEHTA:

SHRI B.K. GADHVI:

KUMARI SUSHILA TIRIYA:

SHRI SANAT KUMAR MANDAL:

SHRI S.D.N.R. WADIYAR:

SHRI P.R. DASMUNSI:

SHRI NARAYAN ATHAWALAY:

SHRI RANJIB BISWAL:

Will the PRIME MINISTER be pleased to state:

(a) whether the third round Foreign Secretary level talks between India and Pakistan was held recently at Islamabad;

(b) if so, the details of the issues raised and resolved at the talks;

(c) the major breakthrough achieved towards normalisation of relations and outcome of second round of talks;

(d) whether the issue of Jammu & Kashmir was discussed at the talks;

(e) if so, the stand taken by Pakistan in this issue;

(f) the venue and date of next round of talks; and

(g) the steps taken by both the Governments to resolve all the outstanding issues amicably?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRIMATI KAMALA SINHA): (a) to (g) The second round of the resumed Foreign Secretary level talks between India and Pakistan was held in Islamabad from 19-23 June, 1997. A Joint Statement was issued on 23 June, 1997 in Islamabad on the conclusion of the talks.

The two sides decided to address, inter alia, the following subjects: (a) Peace and Security, including CBMs; (b) Jammu and Kashmir; (c) Slachen; (d) Tulbul Navigation Project; (e) Sir Creek; (f) Terrorism and drug trafficking; (g) Economic and Commercial Cooperation; (h) Promotion of friendly exchanges in various fields. They also agreed to set up a mechanism, including working groups at appropriate levels; to address all these issues in an integrated manner; the issues at (a) and (b) above will be dealt at the level of the Foreign Secretaries, who will also coordinate and monitor the progress of all the working groups. Both sides further agreed to take all possible steps to prevent hostile propaganda and provocative actions against each other.

The joint Statement provides the basis for a compre-

hensive, constructive and sustained dialogue between India and Pakistan. It is the framework under which substantive discussions would take place on various issues. We look upon it as a step forward in our efforts to engage Pakistan on a broad front with the objective of building a relationship of trust, friendship and cooperation.

While the talks focussed primarily on modalities and mechanism for future discussions, our serious concerns about Pakistan's active encouragement of terrorist activities in Jammu and Kashmir were also made clear and the factual position regarding Jammu and Kashmir was reiterated to Pakistan. Pakistan stated its known position on Jammu & Kashmir.

Next round of Foreign Secretary level talks will take place in New Delhi in September, 1997; the exact dates will be decided through mutual consultations.

Dengue Cases in Bangalore

165. SHRI K.C. KONDAIAH : Will the PRIME MINISTER be pleased to state:

(a) whether the National Institute of Virology has detected dengue cases in Bangalore city for the past one year;

(b) if so, the number of cases detected and the number of patients died;

(c) whether the Government are aware that Government Hospitals in Bangalore city do not have facility to treat these cases; and

(d) if so, the steps taken or proposed to be taken by the Union Government to provide medical help to dengue patients?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. As per reports received from the Indian Council of Medical Research (ICMR), there were 28 confirmed Dengue cases with 4 deaths recorded in Bangalore city during the year 1996.

(c) and (d) As reported by Government of Karnataka, facilities are available for management and treatment of Dengue/DHF cases in Bangalore. However a need has been expressed for strengthening District hospitals and Government Medical College hospitals with equipment for better detection and management of Dengue cases.

Workshop on Child Labour

166. SHRIMATI LAKSHMI PANABAKA: Will the Minister of LABOUR be pleased to state:

(a) whether a workshop on elimination of child labour from hosiery and Government Industries was held

in Coimbatore in January, 1997

(b) If so, the outcome thereof;

(c) whether the Government have sought the help of public and private sector industries for ending the child labour in the country;

(d) If so, the steps taken/proposed to be taken in this regard; and

(e) the reaction of the public and private sector thereto?

THE MINISTER OF STATE OF THE MINISTRY OF LABOUR (SHRI M. P. VEERENDRA KUMAR): (a) and (b) Information is being collected and will be laid on the Table of the House.

(c) to (e) It has been the endeavour of the Government to address the problem of child labour in India by involving all social partners in the society, namely, NGOs, voluntary organisations, industry organisations, trade unions, employers organisations and Social activists. The different social partners are involved both at policy-making level as well as the implementation of the rehabilitative measures for the benefit of working children. Favourable response have been received from various organisations towards the policy of government on child labour.

Tuberculosis

167. SHRI MURALIDHAR JENA:

SHRI SOUMYA RANJAN:

KUMARI SUSHILA TIRIYA:

Will the PRIME MINISTER be pleased to state:

(a) the estimated number of people suffering from Tuberculosis in rural as well as in the urban areas of the country, State-wise;

(b) the details of the programmes launched or likely to be launched to prevent T.B. in the country;

(c) the details of funds provided to State Governments for implementing the said programmes during 1995-96 and 1996-97 and the allocation made for the year 1997-98; State-wise;

(d) the amount actually utilized by the State-Governments during the above period, State-wise; and

(e) the achievements made in regard to controlling of Tuberculosis after implementation of said programmes?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) The incidence of TB in our country is 1.3 per 1000 population with no difference of incidence in

rural or urban areas throughout the country.

(b) The National Tuberculosis Control Programme is implemented in the country since 1962. Since inception, the programme is integrated with the primary health care delivery system and implemented through Distt. T.B. Centres which are manned by trained medical and para-medical personnel and have laboratory facilities for diagnosis. 446 Distt. TB Centres have been established in the country. At these centres, free of cost diagnostic and treatment facilities (including free supply of anti-TB drugs) are provided to the TB patients. 292 districts out of 446, are providing short course chemotherapy drugs.

To achieve a cure rate of 85%, Revised National Tuberculosis Control Programme has been pilot tested at a population of 13.85 million. Encouraged with the results, of pilot project, Govt. has decided to expand the revised strategy in 102 districts in phased manner converging a population of 271.21 million. In addition to this, 203 SCC districts will be strengthened by providing necessary training and infrastructure for taking up the revised strategy.

(c) and (d) Under the Programme, Central assistance to the State is given in kind i.e., supply of anti-TB drugs and X-ray film rolls. A Statement-I indicating the state-wise allocation and expenditure incurred in providing central assistance in kind under the National Tuberculosis Control Programme during 1995-96 and 1996-97 is attached. The allocations made for the year 1997-98 is given in the attached Statement-II.

(e) Consequent upon implementation of National Tuberculosis Control Programme the mortality ratio has decreased from 80/100000 population in 1970 to 53/100000 population in 1993. Further, the severer form of childhood TB is on the decline. Achievements in regard to New TB cases detected and put on the treatment during the last 5 years are as under:

Year	New TB cases detected and put on treatment
1991-92	12.97 lakhs
1992-93	15.39 lakhs
1993-94	13.59 lakhs
1994-95	12.49 lakhs
1995-96	13.89 lakhs
1996-97	14.54 lakhs

Under the Revised National Tuberculosis Control Programme, implemented in pilot sites, 13.85 million population have shown an average achievement of cure rate of 82%.